



# ILLINOIS HIV PLANNING GROUP

## ILHPG NEWSLETTER

Newsletter 16

Winter 2016

### EVENTS

### UPDATES FROM THE CO-CHAIRS

#### CALENDAR OF EVENTS

**December 1st:** World  
AIDS Day

**December 15th:** Joint  
ILHPG/ RW Advisory  
Group Integrated  
Webinar , 10am–  
12:30pm

**December 16th:**  
ILHPG Webinar,  
10am– 12:30pm

**February 7th:**  
National Black HIV/  
AIDS Awareness Day

**February 16th:**  
*(tentative)* Joint  
ILHPG/ RW Advisory  
Group Integrated  
Webinar , 10am–  
12:30pm

**February 17th:**  
*(tentative)* ILHPG  
Webinar, 10am–  
12:30pm

*Please visit  
[www.ilhpg.org/webinar](http://www.ilhpg.org/webinar)  
for more information on  
upcoming LHPG/  
Integrated webinars.*

**H**ello, everyone!

On behalf of the Illinois Department of Public Health HIV Community Planning Program and Illinois HIV Planning Group (ILHPG), we hope you enjoy this winter issue of our 2016 newsletter. The newsletter is intended to keep you updated on ILHPG and Integrated Planning Group activities and to keep you informed of current plans, programs, and issues pertaining to HIV prevention, care, and treatment in Illinois.

It is hard to believe that 2016 is coming to an end. This has truly been a busy and productive year with the development of Illinois' first Integrated HIV Prevention and Care Plan. As we proceed with implementation of the plan in 2017, it will be important for the planning groups to assist with monitoring how the state is progressing in terms of meeting defined outcomes and National HIV/AIDS Strategy indicators.

It was certainly nice seeing all of our ILHPG and Integrated Planning Group members in person at the October IDPH HIV/STD Conference and at the face-to-face meetings of the groups held prior to the pre-conference. We were also excited to meet the newest members to the ILHPG. They are a welcome and valuable addition to our group and will help bring the voices of transgender individuals and youth to the table as we continue to enhance our ability to meaningfully engage the community in HIV planning.

Please enjoy this newsletter and may you and your loved ones have a blessed and happy holiday season. We will see you in 2017!



**Submitted by Janet Nuss, ILHPG Coordinator and Co-chair,  
Illinois Department of Public Health**

# ILHPG, INTEGRATED PLANNING GROUP, AND INTEGRATED PLANNING STEERING COMMITTEE UPDATES

## ILHPG

We would like to thank all ILHPG and Integrated Planning Group members and the wide array of other community partners who attended meetings of one or both groups held in Springfield on October 25. These were our only face-to-face meetings of the year and it was great to see our old friends again and to meet new ones.

At the ILHPG meeting, on behalf of the Membership Committee and members of the interview teams, Marleigh Voigtman provided an overview of the interview and selection process for new ILHPG voting members for 2017. Six new member applications were received and all six applicants were recommended for approval.

These six applicants fulfilled five of the membership gaps that the planning group had identified at the beginning of the new member recruitment cycle— these included race/ethnicity, age, risk group affiliation, and expertise area. At the October meeting, the ILHPG voted unanimously to accept the recommendations of the Membership Committee and interview teams.

It is with great pleasure that we now announce the appointment of the following new voting members to the ILHPG, terms effective January 1, 2017:

- Jeffery Erdman, Illinois Public Health Association
- Alfredo Flores, CALOR, a division of Anixter Center
- Julio Maldonado, Friend Family Health Center
- Tiara McClellan, student
- Kendall Moore, AIDS Healthcare Foundation
- Mark Williams, Association House of Chicago



In addition, we announced that Marissa Miller had recently been appointed as the new Regional Implementation Group (RIG) representative and voting member on the ILHPG from Region 8 and that Nicole Holmes had recently been appointed as a youth liaison and non-voting member to the ILHPG. Welcome to the planning group, everyone!!!

## INTEGRATED PLANNING GROUP

After participating in a group ice-breaker and team-building activity at the October 25 meeting, the Co-chairs led the group in a review of a “Crosswalk” of HIV Prevention Planning Groups and Ryan White Part B (RWPB) Advisory Groups. The crosswalk demonstrates the commonalities in the functions and responsibilities of both groups and further supports our plan to transition to a fully-integrated planning group. After vetting and discussing this plan with ILHPG and RW Advisory Group committees, the Co-chairs announced that 2017 will be a planning year for moving to full integration.

The Co-chairs informed the group that in 2017 there will continue to be meetings of the ILHPG, current “hybrid” Integrated Group, and RWPB Advisory Group. RWPB Advisory Group and subcommittee meetings will continue to be held by webinar because that has been

*(Continued on page 3)*

## ILHPG, INTEGRATED PLANNING GROUP, AND INTEGRATED PLANNING STEERING COMMITTEE UPDATES

*(Continued from page 2)*

an effective format for their purpose. At this time, we are planning to have ILHPG and Integrated Planning Group meetings on a quarterly basis on consecutive days in 2017, with two of those meetings hopefully being face-to-face. The other meetings will be held by webinar.

It was also announced that a new Steering Committee would be needed to guide the transition. Members and community representatives were provided with an overview of the expected objectives and commitment requirements of that committee and asked to make Janet or Jeffrey aware of their interest in participating. The intent is to have the new committee formed by the end of November so it can have its first conference call prior to the December Integrated Planning Group meeting.

### INTEGRATED PLANNING STEERING COMMITTEE

A second Integrated Planning Steering Committee has been formed to assist the IDPH HIV Section throughout 2017 in planning for transition from the ILHPG, the Ryan White Advisory Group, and the “hybrid” Integrated Group to one fully integrated planning group for HIV care in prevention. By January 2018, we will establish one new group that will assume the HIV planning functions of the current groups. Responsibilities of the committee include creating and recommending new group bylaws and procedures; helping to determine the number, structure, and functions of the planning group and its standing committees; and making recommendations and helping to develop procedures for member selection process. The committee will meet in early December to review and finalize a draft timeline for 2017 activities.

Following is the list of members, representing HIV and STD care and prevention throughout every region of the state, on the new Integrated Planning Steering Committee:

- (Co-chair) Janet Nuss/Marleigh Voigtman – ILHPG
- (Co-chair) Jeffrey Maras –RWPB Advisory Group
- Lyyti Dudczyk (ILHPG) –Region 7
- Wendy Bradley (RWPB Advisory Group) –Region 4
- Charaine Boyd (RWPB lead agent) –Region 1
- Jeffery Erdman (Prevention lead agent) –Regions 2,3, 4, and 7
- Mike Benner (RWPB community rep) –Region 6
- Scott Fletcher (ILHPG community rep) –Region 5
- Lisa Roeder (RWPB case manager) –Region 2
- Jennifer Epstein (HIV care and prevention provider) –Region 8
- Lesli Choat (STD and Hepatitis) -ILHPG
- Cynthia Tucker (Chicago EMA Planning Council)-Region 9



These members have all volunteered their time to further Illinois' transition to a fully integrated planning group. We thank them for their commitment!

**Submitted by Janet Nuss, ILHPG Coordinator, ILHPG Co-chair, Integrated Planning Steering Committee Co-chair, Illinois Department of Public Health**

## 2017 ILLINOIS MARKETPLACE OPEN ENROLLMENT: 11/1/16 - 1/31/17

Approved Illinois Marketplace Plans for 2017	
Age 18-59	Over age 60
Ambetter- <i>SILVER PLANS ONLY</i>	Ambetter- <i>BRONZE PLANS ONLY</i>
Blue Cross Blue Shield of Illinois- <i>SILVER PLANS ONLY</i>	Blue Cross Blue Shield of Illinois- <i>BRONZE PLANS ONLY</i>
Cigna- <i>SILVER PLANS ONLY</i>	Cigna- <i>BRONZE PLANS ONLY</i>
Health Alliance- <i>SILVER PLANS ONLY</i>	Health Alliance- <i>BRONZE PLANS ONLY</i>
Humana- <i>SILVER PLANS ONLY</i>	Humana- <i>BRONZE PLANS ONLY</i>

- Premium Assistance Program -(PAP/CHIC) can assist with premiums up to \$750 per month; this can include dental/vision plans.
- Premiums over \$750 must have client portion paid to IDPH by the 15th of the month prior to premium due date.
- Plans begin January 1, 2017.
- Participants must have their Illinois Marketplace enrollment information to IDPH by December 15, 2016, to ensure a January 1, 2017 insurance start date. Any premiums paid after December 15, 2016 will cause the plan to become effective February 1, 2017.
- We will not be covering any GOLD plans in 2017, NO EXCEPTIONS!
- IDPH has negotiated a waiver for clients enrolled with Blue Cross Blue Shield of Illinois to remain in-network with CVS Caremark Specialty, the departments contracted pharmacy.
- All MAP/ADAP formulary medications must be dispensed through CVS Caremark Specialty in order to have premium assistance, NO EXCEPTIONS!



AMERICAN EXCHANGE [www.americanexchange.com/illinois](http://www.americanexchange.com/illinois) (844) 357-8778 -See next page for details.

- **Effective November 1st:** Specialized enrollment website/phone number dedicated for Illinois Premium Assistance Program to assist with health insurance selection and enrollment.
- Removes the burden of clients submitting premium documentation and insurance cards to the department.
- **Effective November 1st:** Phone assistance available for Medicare Part C/D and Medicare Supplemental Enrollments by contacting (844)357-8778 only.

**IMPORTANT!** Open Enrollment for Medicare is October 15-December 7, 2016.

If you have any questions, please feel free to contact the Ryan White Part B Hotline at 800-825-3518.

(Continued on page 5)

## 2017 ILLINOIS MARKETPLACE OPEN ENROLLMENT: 11/1/16 - 1/31/17

*(Continued from page 4)*

### **NEW SERVICE THIS OPEN ENROLLMENT FOR RYAN WHITE PARTICIPANTS!**

American Exchange is partnering with IDPH to assist Medical Benefit Coordinators and Medical Case Managers with enrolling your clients in Ryan White Part B approved health insurance plans for the 2017 Annual Open Enrollment Period (November 1, 2016 to January 31, 2017).

This new option has several key benefits worth noting:

- Service is FREE for clients and IDPH
- American Exchange will provide a specialized enrollment website dedicated for Illinois, along with a dedicated telephone number to assist with health insurance selection and enrollment
- American Exchange will ensure that clients health insurance information is securely transmitted back to IDPH for premium payment coordination and all changes or updates are provided to IDPH on a monthly basis (showing paid through date of premium and policy specific information) which is used to update the Provide Enterprise System
- The client will not have to provide any health insurance paperwork to MCM, MBC, or IDPH, removing the burden of administration on you and the client
- Effective November 1st American Exchange can assist with Medicare Part C/D and Medicare Supplemental Enrollments if the client, MBC, or MCM call them directly 1-844-357-8778
- Clients, MBC, and MCM can enroll clients online at [www.americanexchange.com/Illinois](http://www.americanexchange.com/Illinois)
- If you have any questions about how to complete an application, call 1-844-357-8778 to speak with a licensed agent who can assist you with the application

### **IMPORTANT!**

If a client chooses not to use American Exchange, the MBC or MCM must obtain or the client must fax or email their health insurance information to complete the enrollment into MAP and PAP, as you have done in the past.

**If you have any questions, please feel free to contact the Ryan White Part B Hotline at 800-825-3518.**

**Submitted by Jeffrey Maras, Ryan White Part B/ ADAP Administrator, Illinois Department of Public Health**



# ILHPG RECOGNITION AWARDS CEREMONY 2016

At the annual Member Recognition Awards Ceremony held during its October 2016 meeting, the ILHPG was pleased to honor members who are exiting their leadership and/or membership positions in December 2016. This year, exiting members Mike Maginn, Chris Wade, and Tobi-Velicia Johnson were recognized for completing five-year terms as ILHPG members. Valerie Johansen also was recognized for her role as the 2016 Community Co-Chair.

During the awards ceremony, each of these members was publically recognized for their service to the ILHPG and received a plaque which said “Whose courageous spirit, kind heart, and enduring years of service to the Illinois HIV Planning Group have helped guide HIV prevention planning, and given us a hope that one day the battle against HIV/ AIDS can be won”. This statement could not be more true of these individuals as they have been great assets to the ILHPG. The ILHPG is incredibly grateful to them for their dedication and hard work. We wish them the best of luck in their future endeavors and hope to see them at upcoming community planning events

**Submitted by Janet Nuss, IDPH ILHPG Coordinator and Co-chair, and Marleigh Voigtmann, HIV Community Planning Intern**



*Pictured from top left : Mike Maginn and Tobi-Velicia Johnson. Recognized members are pictured with Valerie Johansen, Community Co-chair, and Janet Nuss, Government Co-Chair. (Not pictured: Chris Wade)*

## INTEGRATED PLANNING GROUP RECOGNITION AWARDS CEREMONY 2016

At its October 2016 meeting, the Integrated Planning Group was pleased to recognize the 2015-2016 Integrated Steering Committee for their leadership role in the integrated planning process. The committee members each received a plaque and were thanked for their commitment. The following individuals served on the committee: Marcy Ashby, Valerie Johansen, Tobi-Velicia Johnson, Susan Rehrig, Joe Trotter, Steven St. Julian, and Chris Wade.

Also recognized at the meeting was Scott Fletcher: Website/ Webinar Administrator for the ILHPG, the Ryan White Advisory Group, and the Integrated Group. Scott received a plaque and was thanked for his essential role in making this year's webinar meetings a success.

We thank the Steering Committee and Scott for their contributions to the Integrated Planning Group this year! Without them, our work successes would not have been possible.

**Submitted by Janet Nuss, IDPH ILHPG Coordinator and Co-chair, and Marleigh Voigtmann, HIV Community Planning Intern**



*Pictured from top left to bottom right: Susan Rehrig, Marcy Ashby, Valerie Johansen, Tobi-Velicia Johnson, and Scott Fletcher. All recognized members are pictured with Jeffrey Maras and Janet Nuss, Integrated Planning Group Co-chairs. (Not pictured: Joe Trotter, Steven St Julian and Chris Wade).*

# HRC FOUNDATION AND WHITMAN-WALKER HEALTH RELEASE COMPREHENSIVE TRANSGENDER SEXUAL HEALTH GUIDE

By Sarah McBride

*This article was originally posted on the Human Rights Campaign's Website on August 23, 2016. Excerpts are listed here. The original article can be viewed at <https://www.hrc.org/blog/hrc-foundation-and-whitman-walker-health-release-comprehensive-transge>.*

**Submitted by Curt Hicks, HIV Prevention Administrator, Illinois Department of Public Health**

On August 23, the Human Rights Campaign (HRC) Foundation, the educational arm of the nation's largest lesbian, gay, bisexual, transgender and queer (LGBTQ) civil rights organization, and Whitman-Walker Health, a community health center with special expertise in LGBTQ and HIV-related care, released *Safer Sex for Trans Bodies*, a comprehensive sexual health guide for transgender and gender expansive people and their partners. The guide fills a significant gap in inclusive, publicly-available sexual health resources for transgender and gender expansive people.

"Transgender people are too often denied crucial and relevant guidance around sexual health that everyone needs to live healthy, safe and whole lives" said HRC Communications Director Jay Brown. "Transgender health issues, especially those related to sexual health, are all too often stigmatized or completely ignored. *Safer Sex for Trans Bodies* provides essential information that will help minimize health risks that can develop because of a lack of knowledge."

This first-of-its kind resource was drafted by HRC and Whitman-Walker Health in consultation with Casa Ruby, Trans United Fund, and TransLatin@ Coalition. It was made possible with support from the Elton John AIDS Foundation.

The guide is written by and for members of the transgender community and offers them a long-overdue resource on potentially life-saving and affirming practices, from respectful terminology and definitions to helpful practices for sexual health following transition-related care. It will be available online and at Whitman-Walker Health's locations in Washington, D.C. A Spanish-language version will be released in the coming months.

Transgender people frequently experience significant barriers to inclusive and competent care. Last year, the HRC Foundation released a guide for transgender people navigating insurance plans, which often exclude coverage for medically necessary transition-related care. The annual Healthcare Equality Index (HEI), the HRC Foundation's national benchmarking tool that evaluates health care facilities' LGBTQ-inclusive policies and practices, measures services and treatment of transgender patients.

To learn more about how HRC's work on transgender equality, visit <http://www.hrc.org/transgender>. *Safer Sex for Trans Bodies* can be downloaded at <http://www.hrc.org/resources/safer-sex-for-trans-bodies>.



# TRANSGENDER AWARENESS WEEK

## 2016 : NOVEMBER 14– 20

By Ryan Meyer

*This article was originally posted by the National Coalition for LGBT Health on November 14th, 2016. Excerpts are listed here. More information about Transgender Awareness Week is available at <http://www.healthhiv.org/sites-causes/national-coalition-for-lgbt-health/>*

**Submitted by Janet Nuss, ILHPG Coordinator and Government Co-chair, Illinois Department of Public Health**

The National Coalition for LGBT Health recognizes November 14 - 20, 2016 as National Transgender Awareness Week. This week serves as a celebration of the diversity, inclusion, and resilience within the transgender community and a time to increase awareness of the unique health challenges that transgender individuals face everyday.

Transgender and gender nonconforming individuals continue to be disproportionately affected by poor health outcomes and face numerous challenges when engaging in the healthcare system. Data on sexual orientation and gender identity is not uniformly collected, leaving an incomplete understanding of the health needs of transgender individuals, but consider these data:

- 50% of transgender individuals reported having to teach providers about transgender care
- 19% of transgender individuals were refused care due to their gender
- 28% of transgender individuals delayed medical care due to discrimination, and 48% delayed medical care due to lack of coverage
- An estimated 28% of transgender women are living with HIV
- An estimated 56% of black transgender women are living with HIV
- Only 12% of transgender women self-reported having HIV

The Coalition hosts webinars for primary care providers to improve cultural competence for transgender and gender nonconforming patients. The National Coalition for LGBT offered a module, "[Healthcare Stigma Facing Transgender Individuals](#)," which discussed stigma experienced by transgender individuals in healthcare settings, identified models to improve transgender cultural competence for healthcare providers, and discussed insurance coverage.

In the "10 Key LGBTQ Health Advocacy Priorities" guide recently released by the Coalition and the National LGBTQ Task Force, transgender and gender nonconforming affirming healthcare was highlighted as a major advocacy priority. The Coalition continues to partner with local and national organizations to improve legal protections, insurance coverage, and health access for transgender and all LGBT individuals through advocacy and education programs. For more information about the [Advocacy Guide](#), visit [www.healthlgbt.org](http://www.healthlgbt.org).



## STD RATES AT UNPRECEDENTED HIGH IN THE U.S.

Total combined cases of chlamydia, gonorrhea, and syphilis reported in 2015 reached the highest number ever, according to the annual *Sexually Transmitted Disease Surveillance Report* recently released by the Centers for Disease Control and Prevention (CDC). The surge in STDs is occurring at a time of budget cuts to State and local STD programs, including a possible \$5 million cut in 2017 by a Senate Appropriations subcommittee.

The following information can be viewed in further detail at the CDC page: <https://www.cdc.gov/std/stats15/>.

In 2015, there were more than 1.5 million chlamydia cases reported (1,526,658), nearly 400,000 cases of gonorrhea (395,216), and nearly 24,000 cases of primary and secondary (P&S) syphilis (23,872) – the most infectious stages of the disease. The largest increase in cases reported from 2014 to 2015 occurred in P&S syphilis (19 percent), followed by gonorrhea (12.8 percent), and chlamydia (5.9 percent). Chlamydia, gonorrhea, and syphilis are the three most commonly reported conditions in the nation and have reached a record high level.

Annually, there are approximately 20 million new STD cases, costing the U.S. health care system \$16 billion. Rates of chlamydia, gonorrhea, and syphilis increased significantly for the third year in a row, reaching a 20-year high. The long-term health consequences posed by STDs are serious and often irreversible, especially if not diagnosed and treated early.

Chlamydia, gonorrhea, and syphilis are curable with antibiotics. Widespread access to screening and treatment would reduce their spread. However, most STD cases continue to go undiagnosed and untreated, putting individuals at risk for severe health consequences, including infertility, chronic pain, and increased risk for HIV infection.

Young people ages 15-24 and gay and bisexual men are at highest risk for STDs. Young people face unique barriers to services, including stigma, confidentiality concerns, and limited access to STD providers.

There continue to be troubling increases in syphilis among newborns. The resurgence of congenital syphilis and the increasing impact of syphilis among gay and bisexual men make it clear that many are not getting the preventive services they need. Every pregnant woman should be tested for syphilis (mandated in Illinois), and it is recommended that sexually active gay and bisexual men should be tested for STDs, including syphilis, at least once a year.

The 2015 national data show:

- Americans ages 15 to 24 years old accounted for nearly two-thirds of chlamydia diagnoses and half of gonorrhea diagnoses.
- Men who have sex with men (MSM) accounted for the majority of new gonorrhea and P&S syphilis cases (82 percent of male cases with known gender of sex partner). Antibiotic-resistant gonorrhea may be higher among MSM.

(Continued on page 11)

# STD RATES AT UNPRECEDENTED HIGH IN THE U.S.

*(Continued from page 10)*

- Women's rate of syphilis diagnosis increased by more than 27 percent from 2014 to 2015.
- Rates of congenital syphilis rose 6 percent, and there are increasing reports of neurosyphilis and ocular syphilis, a serious infection of the nervous system.
- Rates for primary and secondary syphilis increased by a shocking 19 percent in 2015, on top of a 15 percent increase in 2014.
- Levels of drug resistance for treating gonorrhea bacterium are rising in two recommended drug therapies.
- Congress has provided no funding increases for STD programs since 2003.
- Preventing STDs can save the U.S. health care system billions of dollars.

## **2015 CDC STD National Data show:**

- \* Chlamydia – Reported Cases by State: Illinois Ranks 11th
- \* Chlamydia – Reported Cases by County: Cook County Ranks 2nd
- \* Gonorrhea – Reported Cases by State: Illinois Ranks 15th
- \* Gonorrhea – Reported Cases by County: Cook County Ranks 2nd
- \* Primary and Secondary Syphilis – Reported Cases by State: Illinois Ranks 11th
- \* Primary and Secondary Syphilis - Reported Cases by County: Cook County Ranks 2nd



In recent years many state and local STD programs have experienced budget cuts, resulting in fewer STD clinic hours of service, loss in trained staff, and fewer clinics. Fewer clinics means reduced access to STD testing and treatment for those who need these services.

To prevent and control STDs, CDC provides support to state and local health departments for disease surveillance, contact tracing and health promotion, and other critical services. CDC also issues and maintains testing and treatment guidelines for providers so individuals get the most effective care. Maintaining and strengthening these and other STD prevention systems will be essential to respond to the recent increases. An effective state and national response to the STD epidemic requires engagement from many players: state and local health departments, providers, parents, and the public.

For Illinois STD data, visit the IDPH STD page <http://dph.illinois.gov/topics-services/diseases-and-conditions/infectious-diseases/stds>

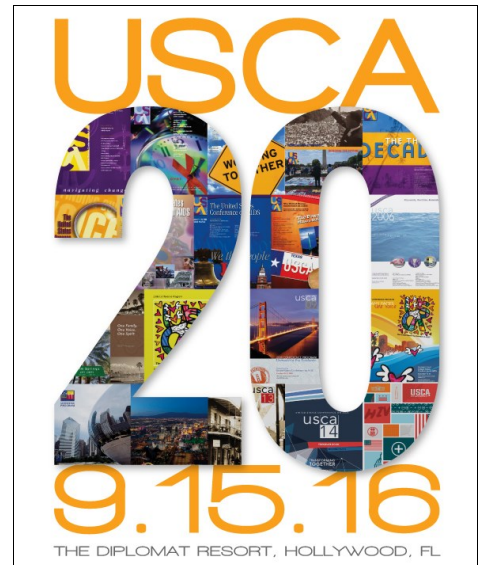
For the CDC STD Fact Sheet 2015, visit <https://www.cdc.gov/nchhstp/newsroom/docs/factsheets/std-trends-508.pdf>

For the Current CDC STD Treatment Guidelines visit <http://www.cdc.gov/std/tg2015/default.htm>

**Submitted by Lesli Choat, MT (ASCP), STD Counseling and Testing Coordinator, Illinois Department of Public Health**

## HIGHLIGHTS FROM THE UNITED STATES CONFERENCE ON AIDS

On September 15<sup>th</sup> -18<sup>th</sup>, I had the pleasure of attending the United States Conference on AIDS (USCA) in Hollywood, Florida. Hundreds of HIV/AIDS professionals, consumers, and advocates from federal, national, state, and local agencies gathered to build skills, obtain knowledge, network, and recommit to the fight to end the HIV/AIDS epidemic in the US. This year, multiple themes and their corresponding messages were highlighted throughout conference events. They included, but were not limited to, the integration of HIV prevention, care, and treatment programs; the importance of biomedical interventions for HIV prevention and care; long-term HIV survivorship in populations over 50; and heightened awareness of the role that race plays in HIV disparities.



While at USCA, I was able to learn more about the ever changing landscape of HIV/AIDS in multiple ways. This included attending plenary discussions delivered by nationally recognized HIV leaders and advocates, listening to and gaining new insight from various HIV organizations and stakeholders through sessions and seminars, and interactively participating in round table discussions with HIV experts and other like-minded attendees. From a community planning standpoint, I thoroughly enjoyed learning about “what’s next” in HIV integrated planning from federal representatives and discussing the successes and challenges of Prevention and Care integration with other states and jurisdictions. I also found sessions on leadership and effective stakeholder engagement to be of value for planning purposes. Finally, sessions and plenaries about race, social injustice, and other disparities served as an important reminder that all populations impacted and affected by HIV/AIDS must be equitably represented in the planning process in order for our efforts to be effective and successful.

Overall, USCA was a fantastic experience for me. Not only did I gain knowledge that will make me a better community planner, but the comradery among attendees gave me a new sense of empowerment as an HIV/AIDS professional and advocate. Although attendees came from all walks of life, our collective goal of eliminating HIV transmission in the US makes me certain that Getting to Zero is a possibility of this lifetime as long as we continue to address HIV in strategic and holistic ways. I was truly honored to represent the ILHPG at USCA and look forward to applying what I learned to community planning now and in the future.

**Submitted by Marleigh Voigtmann, HIV Community Planning Intern, Illinois Department of Public Health**



## HIGHLIGHTS FROM THE UNITED STATES CONFERENCE ON AIDS

As our communities nationwide continue to encounter rising HIV infection rates, we are in need of knowledge about the best ways to gain skills and learn best practices from HIV agencies and organizations that are experiencing measurable results and positive change while confronting widespread challenges or barriers. This and more was made possible at the 2016 United States Conference on AIDS. USCA's new and innovative workshops and sessions emphasized intergenerational partnerships and integrative approaches to guide us in our efforts of achieving an AIDS-free generation. The conference sessions addressed current issues such as the importance of trauma informed care, race in HIV services, biomedical HIV prevention, social determinants, public policy, and classicism. Meeting individuals who are just as passionate or more and are on the frontlines of the HIV fight provided me the confirmation, comfort, and reassurance that Illinois is on the right track.

The sessions I attended were able to bridge the gaps for me to become more confident knowing we've arrived at an important moment in our efforts to take on HIV on a national level. I'm excited to see the possibilities of the dissolution the silos of HIV prevention and treatment to meet the immediate needs of the populations we serve. Attending a great conference on a national level offered great potential for us to reach our goals of getting to zero new infections, zero AIDS-related deaths, and zero discrimination as we continue to think differently about engagement and the continuum of care. Attending USCA was a valuable way to gain skills and learn best practices so that my staff and I may continue to be innovative in this ever changing epidemic.

One of the most impactful sessions that I attended was the comprehensive discussion about the current economic situation in Puerto Rico and how it is related to the HIV epidemic on the island. I've encountered a good amount of PLWH in our Little Village/ South Lawndale community through point of care sights who are in treatment for substance use who are transients from Puerto Rico. The ability to access and gain knowledge on the social epidemiology of HIV/AIDS in Puerto Rico, and being able to be part of such a great discussion on its current economic crisis from a political economy and community perspective was extremely insightful.

Last but not least I had the opportunity to experience a different lens of the HIV epidemic/ pandemic from a tourism perspective. As we traveled from place to place, the locals seemed extremely proactive about the high transmissions of the Zika virus along with HIV in the area. It was amazing to experience outreach myself in that form, and it was eye opening for me to experience first-hand how stigma/ shame can truly paralyze someone from having a simple conversation about our health.

I thank the ILHPG for the opportunity and great experience, but most importantly for being at the forefront of HIV prevention and care!

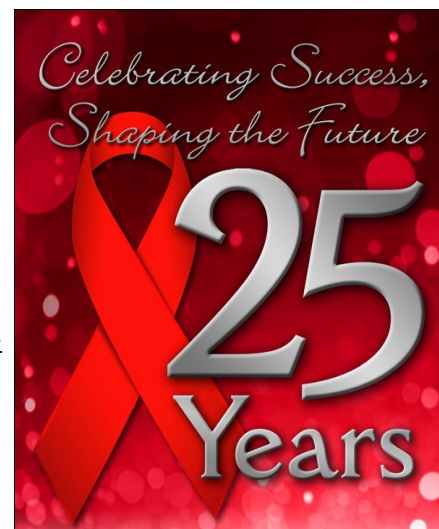
**Submitted by Lexi Arjona, ILHPG Community Co-chair Elect, Project VIDA**

## 25TH ANNUAL HIV/STD CONFERENCE HIGHLIGHTS

The 25th Annual HIV/STD Conference was held October 25-27, 2016 at the Crowne Plaza in Springfield, IL. The conference hosted more than 500 attendees. The conference registrants included participants from Illinois, Missouri, Ohio, Indiana, and Michigan. Walgreens provided the flu shot to 21 conference participants.

Conference speaker handouts and recordings of the plenary sessions can be found at: <https://ipha.com/event/details/33/illinois-25th-annual-silver-edition-hiv-std-conference> . Plenary sessions included:

- Trauma Informed Care and Corrections : David Ley, MSS, LCSW
- High Impact Prevention: Murray Penner, BSW; Dave Kern; David Munar
- #AsktheHIVDoc: Dr. Demetre Daskalakis
- STIs in the “Ending HIV” Era: Dr. Peter Leone



**Left:** Eduardo Alvarado, IDPH HIV Section Chief, addresses conference attendees.

**Center :** At the conference, multiple pieces of art/posters created by individuals in State Correctional Facilities were displayed for viewing. Conference attendees had the opportunity to vote on which piece sent the best HIV educational message. The winning poster (above) was recognized during the Closing Remarks.

**Right:** Danny Brikshavana, IDPH STD Section Chief, addresses conference attendees.

Submitted by Karen Pendergrass, HIV Training Administrator, Illinois Department of Public Health

# NATIONAL GAY MEN'S HIV/AIDS AWARENESS DAY: SEPTEMBER 27

*The following article contains information from the recently updated Illinois HIV MSM Factsheet. The factsheet was updated and submitted by Livia Navon, the IDPH HIV Section's CDC-Assigned Epidemiologist, for use in this article and can be viewed at <http://www.dph.illinois.gov/sites/default/files/publications/MSM-Factsheet-11022016.pdf>*

Each year on September 27<sup>th</sup>, National Gay Men's HIV/ AIDS Awareness Day (NGMHAAD) is nationally recognized as a day devoted to decreasing HIV incidence among gay, bisexual, and other men who have sex with men (MSM). NGMHAAD also serves as a day to spread awareness of the disproportionate affects that HIV has on gay and bisexual communities. According to Centers for Disease Control and Prevention, approximately two-thirds of new annual diagnoses in the United States are attributed to gay and bisexual men although they only account for 2 percent of the US population (2016). Nationally, it is estimated that one in six gay and bisexual men will be diagnosed with HIV within their lifetime. Disparities exist, however, among gay and bisexual communities of color. While 1 in 11 white gay and bisexual men are expected to be diagnosed with HIV, 1 in 2 black and 1 in 4 Latino gay and bisexual men will also receive HIV diagnoses (CDC, 2016).

As seen in national statistics, disproportionality of HIV among gay, bisexual, and other men who have sex with men have been identified in Illinois. 74 percent of new HIV infections from 2011-2015 were attributed to this population. An additional 3.3 percent of new HIV infections in Illinois were attributed to MSM who also inject drugs. The number of new HIV diagnoses among MSM in Illinois inconsistently fluctuated from 2000-2015. Since 2013, however, new diagnoses in this population have been declining. Racial/ ethnic disparities in Illinois exist among MSM with HIV diagnoses. From 2011- 2015, 44% of MSM diagnosed with HIV were non-Hispanic Blacks, 26% were non-Hispanic Whites, and 23% were Hispanic. Transmission of HIV among Young MSM also continues to be of concern in Illinois. More than half of new HIV diagnoses among MSM in Illinois from 2011-2015 were attributed to men under the age of 30. (IDPH, 2016)

This year on NGMHAAD, CDC encouraged all gay and bisexual men to test for HIV, to learn about HIV prevention tools, to seek treatment if needed, and to start conversations about HIV with partners as well as on social media. With continual dialogue and community action, it is the hope of CDC, HIV-related organizations, and gay and bisexual men affected by HIV that HIV disparities among MSM continue to decline in the future and that the battle against HIV in gay and bisexual communities can be won.

#### Sources:

Centers for Disease Control and Prevention (2016). *National Gay Men's HIV/AIDS Awareness Day*. Retrieved from <http://www.cdc.gov/features/ngmhaad/index.html>

Illinois Department of Public Health , 2016. *HIV Factsheet: MSM*. Retrieved from <http://www.dph.illinois.gov/sites/default/files/publications/MSM-Factsheet-11022016.pdf>

**Submitted by Marleigh Voigtmann, HIV Community Planning Intern, Illinois Department of Public Health**

# IDPH HIV TRAINING UNIT UPDATES

## IDPH HIV Section 2016- 2017 Training Calendar

### New Counseling & Testing Guidance Updates (1 day, 10am-3pm)

Jan 11: Suburbs

Jan 12: Peoria

Jan 18: Belleville

Jan 19: Peoria

### Risk-Targeted Testing (Likely 5 Days) *(Formerly Fundamentals of HIV Counseling and Testing)*

Dec 13-16, 2016: Chicago (Pilot)

Feb 6-10: Belleville

April 3-7: Suburbs

June 5-9: Springfield

### ARTAS Illinois (2 days)

Mar 28-29: Chicago

May 2-3: Springfield

### Foundations of HIV Prevention (2 days) *(Formerly Risk Reduction)*

Mar 7-8: Bloomington

### Data to Care (1 day)

May 16: Suburbs

June 20: Belleville

***Schedule is subject to change. For more information on trainings , please visit <http://dph.illinois.gov/topics-services/diseases-and-conditions/hiv-aids/trainings-and-conferences>***

## World AIDS Day is December 1

This year's theme is "Leadership. Commitment. Impact."



For more information on World AIDS Day, please visit: <https://www.aids.gov/news-and-events/awareness-days/world-aids-day/>

*(Continued on page 17)*



# IDPH HIV TRAINING UNIT UPDATES

*(Continued from page 16)*

## **HIV Training Unit: Class Descriptions**

The HIV section is excited to be offering the following new/updated classes:

**ARTAS :** This course teaches the core elements and skills necessary to provide the ARTAS (Anti-Retroviral Treatment and Access to Services) intervention, which is intended to be implemented by agencies that conduct case management services for persons living with HIV/AIDS or are engaged in linking persons who are recently diagnosed with HIV to primary care providers and/or ancillary support services. Grounded in the strength-based case management model, ARTAS helps clients build on strengths they already have to successfully connect to medical care and treatment. ARTAS Illinois will focus specifically on Illinois-specific linkage to care processes.

**Data-to-Care :** This one-day course will prepare local health department staff to use HIV surveillance data to identify HIV-diagnosed individuals not in care, link them to care, and offer assistance with notifying their sex and/or needle-sharing partners of their potential exposure. This course is recommended for any health department employee who may be reaching out to HIV positive clients discovered through surveillance activities.

**Foundations of HIV Prevention:** This new course combines the former Core Skills and Risk Reduction Counseling courses into a new introductory course for prevention staff. Participants attending Foundations of HIV Prevention will gain the knowledge and skills necessary to deliver prevention services to individuals at risk of acquiring or transmitting HIV. Topics covered in this two-day class include: HIV and STD basics, prevention methods, injection drug use and harm reduction, cultural competence, behavior change theory, counseling skills, and risk reduction counseling.

**New Guidance Updates (1 day, 10 a.m. – 3 p.m.) :** Staff from the IDPH HIV/AIDS Section Units will be providing an update on the CDC's new HIV testing guidance. The new guidance, the first major overhaul of the CTR program in more than 20 years, is based on research that shows that prevention counseling within the context of testing is not effective in helping persons change their behaviors and may in fact be a barrier to testing for many people at high risk. Thus the new guidance, rather than focusing counseling for behavior change, emphasizes linkages to services based on test results. This new intervention is in line with the National AIDS Strategy as it aims to increase the number of people who know their status and engage in care.

**Risk-Targeted HIV Testing :** This new course replaces “Fundamentals of HIV Counseling and Testing” and, like Fundamentals, it is required for all new HIV counselors who provide HIV testing. The course will teach participants how to provide HIV testing in accordance with the new CDC guidance, which focuses less on counseling and more on testing and linkage to biomedical prevention and care services. The training will also include hands on practice with Partner Services.

**Submitted by Sandra Douglas and Karen Pendergrass, HIV Training Unit, Illinois Department of Public Health**

## MEMBER PROFILE: JEFFERY ERDMAN

Jeffery Erdman, a nationally recognized HIV prevention specialist, program evaluator, and behavioral intervention trainer, currently serves as the Assistant Director for Programs and Compliance for the Illinois Public Health Association; as an HIV Prevention Lead Agent for Illinois Regions 2, 4, and 7; and as the Co-Chair of the Illinois HIV Planning Group's (ILHPG) Interventions and Services Committee.

Jeffery believes strongly that the communities most impacted by HIV and AIDS should guide each state's efforts in responding to the HIV epidemic. Given this, in his early twenties, Jeffery joined Illinois' first HIV Planning Group, the Prevention Community Planning Group (PCPG), as a recent graduate of Northwestern University in Evanston, Illinois, and as a young gay man who witnessed numerous friends die from AIDS.



Jeffery was a member of the PCPG for many years, serving as the Co-Chair of the Evaluation Committee for several years, and ultimately as the Community Co-Chair of the PCPG. Currently serving as a non-voting member of the ILHPG, and as Co-Chair of the Interventions and Services Committee, Jeffery is honored to be transitioning once again into a voting membership role on the planning group in 2017.

Prior to his work with IPHA, Jeffery served as an HIV Prevention Lead Agent for the Champaign-Urbana Public Health District, and as the Evaluation Coordinator and the Young MSM HIV Prevention Project Coordinator for the Illinois Department of Public Health's HIV/AIDS Section.

With colleagues at IDPH, Jeffery developed and implemented a nationally honored group HIV prevention intervention for young African-American men who have sex with men, "Very Informed Brothers Engaged for Survival (VIBES)," which has been presented at numerous conferences, including the 2005 United States Conference on AIDS in Philadelphia and the 2007 United States Conference on AIDS in Palm Springs.

Jeffery has also conducted research into the use of social media for HIV/STD prevention among adolescents. This work has been presented at numerous conferences, including the 2011 United States Conference on AIDS in Chicago. Currently, Jeffery is engaged in work to implement third-party billing for HIV testing and other services among local health departments and community-based organizations throughout Illinois.

Jeffery has been honored with professional awards from the Illinois Department of Public Health, the American Association for World Health, and the Society of Professional Journalists, and he has been published in various journals and periodicals for work he completed as a research specialist at IDPH, Northwestern University, and the Edward Hines Jr. Veterans Administration Hospital.

**Submitted by Jeffery Erdman, Assistant Director for Programs and Compliance, Illinois Public Health Association**